

Via FedEx Overnight  
Hon. Robert Drain  
U.S. Bankruptcy Court  
Southern District of New York  
Alexander Hamilton Custom House  
Room 610, 6th Floor  
One Bowling Green  
New York, NY 10004-1408

July 14, 2009

**RE: *In re Delphi Corporation*, SDNY BK Case No. 05-44481 (RDD)**

Your Honor:


I write to inform you that I did not receive, as part of Delphi Corporation's "Notice of Bar Date for Filing Proofs of Administrative Expense," the actual Administrative Expense Claim Form. Your law clerk connected me with Mr. Fox, one of Delphi's attorneys, who faxed me the form yesterday. Enclosed please find a courtesy copy of the completed Administrative Expense Claim Form (with attachments), filed with the Clerk of Court on behalf of my husband, Theodore G. Kustas.

Further, I did not receive, as part of Delphi Corporation's "Notice of Bar Date for Filing Proofs of Administrative Expense," any notice to file an objection against the termination of the Delphi Salaried Retirees' Pension Plan as part of the Delphi Reorganization Plan. Please consider this an objection by my husband, Theodore G. Kustas.

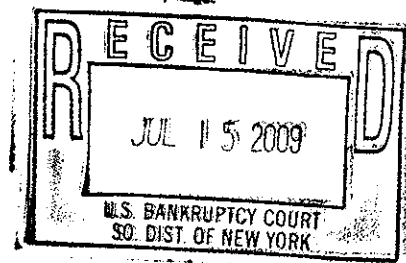
I am concerned that the class of Salaried Retirees are not receiving adequate notice of their rights nor access to their vested monies earned through their contracts.

We appreciate all of your efforts on behalf of the Delphi Salaried Retirees. Thank you.

Respectfully submitted,

  
Carol Ann Kustas  
22 Crystal Springs Lane  
Fairport, NY 14450  
(585) 406-1871

Encl. (6)



<b>United States Bankruptcy Court</b> Southern District of New York Delphi Corporation et al. Claims Processing c/o Kurtzman Carson Consultants LLC, 2335 Alaska Avenue El Segundo, California 90243		<b>Administrative Expense Claim Form</b>	
Debtor against which claim is asserted: Delphi Corporation, et al. 05-44481		Case Name and Number In re Delphi Corporation, et al. 05-44481 Chapter 11, Jointly Administered	
NOTE: This form should not be used to make a claim in connection with a request for payment for goods or services provided to the Debtors prior to the commencement of the case. This Administrative Expense Claim Request form is to be used solely in connection with a request for payment of an administrative expense arising after commencement of the case but prior to June 1, 2009, pursuant to 11 U.S.C. § 503.			
Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>Theodore G Kustas</b> Name and Address Where Notices Should be Sent <b>22 Crystal Springs Lane</b> <b>Fairport NY 14450</b> Telephone No. <b>585-377-3044</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR		Check here if this claim — replaces — amends — a previously filed claim, dated: _____	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other (Describe briefly)		Retiree benefits as defined in 11 U.S.C. § 1114(a) Wages, salaries, and compensation (Fill out below) Your social security number <b>107367313</b> Unpaid compensation for services performed from <u>12/1/2008</u> to <u>12/31/2008</u> (date) (date)	
2. DATE DEBT WAS INCURRED <b>April 2009</b>		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. TOTAL AMOUNT OF ADMINISTRATIVE CLAIM: <b>\$1,562,932</b> (I Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.)			
5. Brief Description of Claim (attach any additional information): <b>1 Pension figures are not consistent - computation need to be recalculated</b> <b>2 Promised lifetime life insurance benefits Dec 1, 2008 taken back April 2009</b> <b>3 Promised lifetime health insurance benefits Dec 1, 2008 taken back April 2009</b> <b>4 Promised lifetime pension to full pension benefits Dec 1, 2008 defaulted on payments to pension plan &amp; on</b> <b>5 Urged strongly to retire Dec 1, 2008 to get above benefits - lost salary to age 65 &amp; disability right</b>			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		<b>THIS SPACE IS FOR COURT USE ONLY</b>	
7. SUPPORTING DOCUMENTS: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. Any attachment must be 8-1/2" by 11".		8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.	
Date: <b>7/14/09</b>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <b>Theodore G Kustas</b> <b>THEODORE G KUSTAS</b>	

1) \* Pension figures and dates are inconsistent. We request an accounting showing the actual calculations and their underlying data.

\* There are three (3) Retirement Election Confirmation Statements attached, dated November 7, 2008, January 8, 2009, and January 29, 2009.

\* There is a Note to Determine Correct Years of Service. This determination should be included in the request for an accounting.

**DELPHI**

4.DE-B-8M ENV# DE11086351001000001

THEODORE G KUSTAS  
22 CRYSTAL SPRINGS LN  
FAIRPORT, NY 14450-1904

**Fidelity Benefit Center**  
<http://netbenefits.fidelity.com>  
1-877-389-2374

**International Access**  
Dial AT&T Direct® Service Access Code, then  
877-389-2374  
**TTY Service for Hearing or Speech Impaired**  
1-877-322-0706

November 7, 2008

RE Retirement Election Confirmation Statement  
Plan Name: Delphi Retirement Program for Salaried Employees "the Program"

DEAR THEODORE G KUSTAS:

Enclosed is your *Retirement Election Confirmation*. Please review it carefully to ensure that it accurately reflects the information that you provided to the Customer Service Associate.

Please complete the following next steps:

- Complete the additional requested forms
- Make any necessary updates to the attached information
- Sign and date the confirmation
- Sign and date the *Supplemental Information to Your Benefits Statement/Authorization of Monthly Benefits* form
- Make a copy of the confirmation for your records
- Attach and return all required documents and forms in the enclosed postage-paid envelope

If the forms or documents are submitted incomplete, illegible or late, benefit payment(s) may be delayed, but will be paid retroactive to your Retirement Date.

This statement contains important information, so please review it carefully. Your Summary Plan Description ("Your Delphi Benefits"), found online at <http://netbenefits.fidelity.com>, can provide further details about your benefit programs. If you have any questions, please call the Fidelity Benefit Center toll-free at 1-877-389-2374, Monday through Friday, between 7:30 A.M. and 6:00 P.M., Eastern Time zone, to speak with a Customer Service Associate. From outside the U.S., dial your country's toll-free AT&T Direct® access number then enter 877-389-2374. In the U.S., call 1-800-331-1140 to obtain AT&T Direct access numbers. From anywhere in the world, access numbers are available online at [www.att.com/traveler](http://www.att.com/traveler) or from your local operator. You may also access benefit information online at <http://netbenefits.fidelity.com>.

Social Security benefits may supplement your retirement income. For more information about Social Security benefits, contact the Social Security Administration at 1-800-772-1213 or online at [www.ssa.gov](http://www.ssa.gov).

**Please Keep This Statement with Your Records For Future Reference**

**DELPHI**



Please return this page

**Pension Election Confirmation Statement (PES)**  
Delphi Salaried Pension Plan

The following pages make up your *Pension Election Confirmation Statement (PES)*. This statement reflects the information you provided to the Customer Service Associate. Please review it carefully. **If you would like to change your payment option election, your Benefit Commencement Date or your beneficiary after reviewing the information in your Benefit Modeling Statement, you must call the Fidelity Benefit Center.**

**Retirement Election Confirmation**

**Personal Information:**

This is a confirmation of your benefit payment elections from the Program.

Name: THEODORE G KUSTAS  
Social Security Number: 107-36-7313  
Marital Status: *MARRIED*  
Date of Birth: *TGK 12/18*  
06/20/1950

**Benefit Election Confirmation**

Retirement Date 12/01/2008  
Benefit Payment Option Surviving Spouse Option

Total to You prior to age 62 and 1 month \$3,310.41

Total to You after age 62 and 1 month \$2,580.57

Total to Surviving Spouse \$1,677.38

I acknowledge that my payment will be paid directly to me with the following tax withholdings:

**Federal Tax Withholding Election:**

Tax Marital Status: Married  
Number Of Exemptions: 3  
Additional Withholdings: \$0.00

**State Tax Withholding Election:**

State: NY  
Tax Marital Status: Married  
Number Of Exemptions: 3  
Additional Withholdings: \$0.00

*COPY*  
*12/18/08*



# DELPHI

4.DE-B-8M ENV# DE01097047001000002

THEODORE G KUSTAS  
22 CRYSTAL SPRINGS LN  
FAIRPORT, NY 14450-1904

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1-877-322-0706

January 8, 2009

RE: Retirement Election Confirmation Statement

Plan Name: Delphi Retirement Program for Salaried Employees "the Program"

DEAR THEODORE G KUSTAS:

Enclosed is your *Retirement Election Confirmation*. Please review it carefully to ensure that it accurately reflects the information that you provided to the Customer Service Associate.

Please complete the following next steps:

- Complete the additional requested forms
- Make any necessary updates to the attached information
- Sign and date the confirmation
- Sign and date the *Supplemental Information to Your Benefits Statement/Authorization of Monthly Benefits* form
- Make a copy of the confirmation for your records
- Attach and return all required documents and forms in the enclosed postage-paid envelope

If the forms or documents are submitted incomplete, illegible or late, benefit payment(s) may be delayed, but will be paid retroactive to your Retirement Date.

This statement contains important information, so please review it carefully. Your Summary Plan Description ("Your Delphi Benefits"), found online at <http://netbenefits.fidelity.com>, can provide further details about your benefit programs. If you have any questions, please call the Fidelity Benefit Center toll-free at 1-877-389-2374, Monday through Friday, between 7:30 A.M. and 6:00 P.M., Eastern Time zone, to speak with a Customer Service Associate. From outside the U.S., dial your country's toll-free AT&T Direct® access number then enter 877-389-2374. In the U.S., call 1-800-331-1140 to obtain AT&T Direct access numbers. From anywhere in the world, access numbers are available online at [www.att.com/traveler](http://www.att.com/traveler) or from your local operator. You may also access benefit information online at <http://netbenefits.fidelity.com>.

Social Security benefits may supplement your retirement income. For more information about Social Security benefits, contact the Social Security Administration at 1-800-772-1213 or online at [www.ssa.gov](http://www.ssa.gov).

**Please Keep This Statement with Your Records For Future Reference**

**DELPHI**



Please return this page

## Pension Election Confirmation Statement (PES) Delphi Salaried Plan

The following pages make up your *Pension Election Confirmation Statement (PES)*. This statement reflects the information you provided to the Customer Service Associate. Please review it carefully. If you would like to change your payment option election, your Benefit Commencement Date or your beneficiary after reviewing the information in your *Benefit Modeling Statement*, you must call the Fidelity Benefit Center.

### Retirement Election Confirmation

#### Personal Information:

This is a confirmation of your benefit payment elections from the Program.

Name: THEODORE G KUSTAS  
Social Security Number: 107-36-7313  
Marital Status:  
Date of Birth: 06/20/1950

### Benefit Election Confirmation

Retirement Date: 12/01/2008  
Benefit Payment Option: Surviving Spouse Option

Total to You prior to age 62 and 1 month: \$3,310.41

Total to You after age 62 and 1 month: \$2,580.57

Total to Surviving Spouse: \$1,677.38

I acknowledge that my payment will be paid directly to me with the following tax withholdings:

### Federal Tax Withholding Election:

Tax Marital Status: Married  
Number Of Exemptions: 3  
Additional Withholdings: \$0.00

### State Tax Withholding Election:

State: NY  
Tax Marital Status: Married  
Number Of Exemptions: 3  
Additional Withholdings: \$0.00



# DELPHI

4.DE-B-4A ENV# DE02027276001000001

THEODORE G KUSTAS  
22 CRYSTAL SPRINGS LN  
FAIRPORT, NY 14450-1904

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<http://netbenefits.fidelity.com>

1-877-389-2374

**International Access**

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877-389-2374

**TTY Service for Hearing or Speech Impaired**  
1-877-322-0706

~~January 29, 2009~~

RE: Benefit Modeling Statement  
Confirmation Number: 0902916485820  
Plan Name: Delphi Retirement Program for Salaried Employees "the Program"

DEAR THEODORE G KUSTAS:

*Effective 11:59 P.M.(EST) 09/30/2008, benefits accrued under the Delphi Retirement Program for Salaried Employees are frozen. Your average base pay, Part B contributions, and Part A and Part B credited service have stopped accruing for the purposes of benefit calculation. Your accrued benefit is frozen at this time. Credited service for eligibility, including credited service used to determine eligibility for Supplementary benefits, will continue to accrue for each month worked after September 30, 2008. If you are not fully vested in your benefits under the Program, you will continue to earn vesting service after September 30, 2008 for as long as you are working for Delphi. As always, you become fully vested in your Program benefit after five years of credited service or ERISA service.*

As you requested, we have estimated your benefits payable from the Program. This statement is based on certain detailed assumptions and information we have in our records. Efforts have been made to be accurate; however, circumstances may impact the benefit for which you may be eligible.

#### Initiating Your Benefits

If you are eligible and would like to initiate your benefit payment(s) within the next 180 days, you may do so by calling the Fidelity Benefit Center toll-free at 1-877-389-2374, Monday through Friday, between 7:30 A.M. and 6:00 P.M., Eastern Time zone, to speak with a Customer Service Associate. Please use the checklist provided at the back of this package to assist you in preparation for this call.

#### Changing Your Personal Information

Contact the Fidelity Benefit Center any time your personal information changes (e.g., address change, name change, etc.). This will help you get all future correspondence from us in a timely manner.

#### Additional Information

This statement contains important information, so please review it carefully. Your Summary Plan Description ("Your Delphi Benefits"), found online at <http://netbenefits.fidelity.com>, can provide further details about your benefit program. If you have any questions, please call the Fidelity Benefit Center toll-free at 1-877-389-2374, Monday through Friday, between 7:30 A.M. and 6:00 P.M., Eastern Time zone, to speak with a Customer Service Associate. From outside the U.S., dial your country's toll-free AT&T Direct\* access number then enter 877-389-2374. In the U.S., call 1-800-331-1140 to obtain AT&T Direct access numbers. From anywhere in the world, access numbers are available online at [www.att.com/traveler](http://www.att.com/traveler) or from your local operator. You may also access benefit information online at <http://netbenefits.fidelity.com>.

Social Security benefits may supplement your retirement income. For more information about Social Security benefits, contact the Social Security Administration at 1-800-772-1213 or online at [www.ssa.gov](http://www.ssa.gov).

If you enroll in Medicare Part B, you may be eligible for a Special Benefit reimbursement at age 65. The Special Benefit amount is subject to change.

**Please Keep This Statement with Your Records For Future Reference**



**BENEFIT DATA as of January 29, 2009**

Pg 9 of 19

Birth Date:	06/20/1950	CISCO:	55971
Benefit Class Code:	D	Vesting Percentage:	100%
Credited Service:		Part B Contributions:	
Part A:	35 yr	07/01/77 and prior to 10/01/79:	\$455.88
Part B:	35 yr	10/01/79 and after:	\$8,386.61

Your Accrued Benefit may be determined under a formula that takes into consideration your benefits payable from Social Security. The Plan's formula provides a higher rate of benefit with respect to compensation above a specified level (related to the Social Security Wage Base), and a lower rate with respect to compensation up to the same specified level.

For more information about the Social Security Wage Base and to request an estimate of your Social Security benefits, you may refer to the Social Security Administration's website: <http://www.ssa.gov/>.

*start date employed 2/25/73*

## YOUR BENEFIT ESTIMATE

This benefit estimate is based on the information shown in the Assumptions section below. The benefits presented are only an estimate of what you **could** receive. Your actual benefit will be determined at the time you elect to commence benefits under the Program.

### Assumptions

Service Break Date	11/30/2008
Retirement Date	12/01/2008
Surviving Spouse Option	Yes
Surviving Spouse/Contingent Annuitant Birth Date	12/27/1952
Contingent Annuitant Percentage	50%
Early Retirement Supplement Rate	\$2,875.00
Basic Benefit Rate	\$49.55
Retirement Type	VOLUNTARY-30 YEARS OR MORE
Benefit Class Code	D
Credited Service:	
Part A:	35 year(s) 7 month(s)
Part B:	35 year(s) 7 month(s)
Eligibility Service:	35 year(s) 9 month(s)

start date employed 2/25/73

## Regular Monthly Benefit

### Reduction Factors:

Age Reduction Factor

22%

### To You:

\$1,375.26

Part A Basic Benefit

\$567.33

Part B Primary Benefit

\$366.51

Part B Supplementary Benefit

\$1,133.23

Early Retirement Supplement

\$3,442.33

Total to You prior to age 62 and 1 month

### Future Benefit Changes:

Your Early Retirement Supplement ends on August 1, 2012

\$2,696.99

Your Benefit after Age 62 and 1 month

Regular Monthly Benefit payments will end at your death.

start date employed 2/25/73

## Surviving Spouse Option

### Reduction Factors:

Age Reduction Factor

22%

Surviving Spouse Option Reduction Factor

5%

### To You:

Part A Basic Benefit

\$1,287.10

Part B Primary Benefit

\$538.96

Part B Supplementary Benefit

\$348.18

Early Retirement Supplement

\$1,133.23

**Total to You prior to age 62 and 1 month**

**\$3,307.47**

### Future Benefit Changes:

Your Early Retirement Supplement ends on August 1, 2012

**Your Benefit after Age 62 and 1 month**

**\$2,562.13**

### To Surviving Spouse:

Part A Basic Benefit

\$1,088.75

Part B Primary Benefit

\$350.32

Part B Supplementary Benefit

\$226.32

**Total to Surviving Spouse**

**\$1,665.39**

If you pre-decease your eligible spouse, payments will continue to your eligible spouse at the survivor benefit level for the remainder of your eligible spouse's lifetime. If your eligible spouse pre-deceases you, no further pension benefits are payable after your death, unless there are Part B Contributions with interest, that have not been paid out.

#### NOTE TO DETERMINE CORRECT YEARS OF SERVICE

Please take Badge ID (Ted Kustas' Badge) #92-0165 and calculate the sign in and sign out time especially during the stop on overtime payments to salaried workers when they were to receive comp time. Ted did this in good faith working for his job with the promise of health, life and pension benefits. He put the time in believing that he would be compensated at retirement. There needs to be a computation and compensation of time credit since he was too busy trying to meet managements requests for output to use comp time.

2 ) Promised Lifetime life insurance –

2 times basic salary 79000 =loss of \$158000 in life insurance( free)

Cost of insurance to retiree now \$120-\$140/month times 12 =additional

Cost of \$1440 to \$1680 additional expense per year

Times 17 years ( cost of insurance until age 75)=

\$24,480 to \$28,560 LOSS

3) PROMISED LIFETIME HEALTH INSURANCE BENEFITS

Expected cost of health insurance was approx. \$442 for life x 12 = \$5304

Now cost of health, dental is about \$950 x 12 months = \$11,400 per year

Additional cost of health insurance is \$6096 plus yearly increase x 17 =

LOSS of \$103,632

4) LOSS OF PENSION WAGES DUE TO EXPENSES INCURRED BY BREACH OF  
CONTRACT AT RETIREMENT AND PRIOR - Aprox \$2300 x 12mos x 17 years

LOSS of \$ 469, 200 to age 75

POTENTIAL LOSS OF \$3310 X 12mos x 17 years = \$ 675,240



5) STRONGLY URGED TO RETIRE A SECOND TIME IN FALL OF 2007  
PROMISED TO PAY LIFETIME PENSION, HEALTH, LIFE BENEFITS IF  
HE RETIRED WHEN ASKED—OTHERWISE HE COULD LOSE EVERYTHING

LOSS OF SALARY FROM DEC. 1<sup>ST</sup> 2008 UNTIL AGE 65 APROX

\$79000/YEAR TIMES 7 YEARS = \$553,000 in wages

\$7000/year in benefits x 7 YEARS = \$49000

\$602,000 in earnings & benefits

This income would have helped pay off the rest of our expenses prior to age 65. And Ted was looking at disability benefits which are no longer available to him.

[illegible]

Losses:

(Section 4)

- 1) \$ 158,000.00 loss of life insurance  
\$ 28,500.00 loss due to additional cost
  - 2) \$103,632.00 loss of health insurance benefits
  - 3) (\$469,200.00) pension to age 75 at \$2400 per month
  - 4) \$675,240.00 full pension
  - 5) \$602,000.00 in earnings and benefits lost to forced retirement
- \$ 1,562,932 total losses covering 7 years to age 65 (estimate)  
and benefits to age 75